

## Authorization Agreement for Direct Payments (ACH DEBITS)

Company Name: Community Foundation of Switzerland County Inc.

Company ID Number: 35-2087649

I (we) herby authorize Community Foundation of Switzerland County Inc. hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Account  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_/Month (will be the 1st business day of each month)

I would like for my monthly ACH debit contributions to go to the following fund at the Community Foundation of Switzerland County Inc.:

\_\_\_\_\_

This authorization is to remain in full force and effective until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

**Please attach a voided check or deposit slip**

Please mail this form to CFSCI, P.O. Box 46, Vevay, IN 47043  
or drop it off at CFSCI's office located at 303 Ferry Street in Vevay.